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CONFIRMATION NO. 1175

<b>SERIAL NUMBER</b> 09/478,078	<b>FILING OR 371 (c) DATE</b> 01/05/2000 <b>RULE</b>	<b>CLASS</b> 379	<b>GROUP ART UNIT</b> 2642	<b>ATTORNEY DOCKET NO.</b> 023341.9002	
<b>APPLICANTS</b> EUGENE M. PESTER, III, SANTA CRUZ, CA; <b>** CONTINUING DATA *****</b> none <i>removed erroneous entry.</i> <b>** FOREIGN APPLICATIONS *****</b> none <i>1/8/11</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE          GRANTED ** 02/10/2000</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 48	<b>TOTAL CLAIMS</b> 29	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 31855					
<b>TITLE</b> EXPERT CALL ANALYZER AND NEXT GENERATION TELEPHONY NETWORK CONFIGURATION SYSTEM					
<b>FILING FEE RECEIVED</b> 852	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

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<b>SERIAL NUMBER</b> 09/478,078	<b>FILING DATE</b> 01/05/2000 <b>RULE</b> -	<b>CLASS</b> 379	<b>GROUP ART UNIT</b> 2742	<b>ATTORNEY DOCKET NO.</b> 023341.9002
<b>APPLICANTS</b> EUGENE M. PESTER, III, SANTA CRUZ, CA ; ** CONTINUING DATA ***** THIS APPLN CLAIMS BENEFIT OF 60/114,998 01/06/1999 ** FOREIGN APPLICATIONS ***** NO: Paper #3, now removed, had the claim. Paper belonged to 09478074 11/11/00 Don Grindfield				
<b>REQUIRED, FOREIGN FILING LICENSE</b> GRANTED ** 02/10/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <input checked="" type="checkbox"/> Verified and Acknowledged <input checked="" type="checkbox"/>		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 48	<b>TOTAL CLAIMS</b> 29
<b>INDEPENDENT CLAIMS</b> 3		<b>EXAMINER'S SIGNATURE</b> _____ <b>INITIALS</b> _____		
<b>ADDRESS</b> MARIA MCCORMACK SOBRINO BLAKELY SOKOLOFF TAYLOR & ZAFMAN LLP 12400 WILSHIRE BOULEVARD 7TH FLOOR LOS ANGELES, CA 90025				
<b>TITLE</b> EXPERT CALL ANALYZER AND NEXT GENERATION TELEPHONY NETWORK CONFIGURATION SYSTEM				
<b>FILING FEE RECEIVED</b> 852	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

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